

PUBLIC COMPLAINT FORM: LEVEL THREE

This form must be filled out completely by any person appealing a complaint decision to the Board in accordance with Board Policy GF: (LOCAL)

1. Name: _____
2. Campus: _____
3. To whom did you last appeal? _____
Date of appeal: _____
4. If you will be represented in pursuing your complaint, please identify that individual or organization:
Name: _____
Address: _____

Telephone: _____
5. Attach copy of original complaint and all complaint decisions.

Signature: _____ Date submitted: _____